## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMME Washington, D.C. 20549

FORM D

OMB APPROVAL OMB Number: 3235-0076 Expires: March 31, 1991

Estimated average burden hours, per response . . . 16.00

2003

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTIO

SEC USE ONLY Prefix DATE RECEIVED

Name of Offering (☐ chec	k if this is an amendment ar	nd name has ch	anged, and inc	licate change.)		
Filing Under (Check box(es)	that apply):   Rule 504	☐ Rule 505	☐ Rule 506	☐ Section 4(6)	□ ULOE	
Type of Filing:   New Fil	ing 😡 Amendment	. •		. 🕳		
	A. BASI	CIDENTIFICA	TION DATA			
1. Enter the information requ						
Name of Issuer (□ check i Oak Ridge Micro-En		name has chang	ged, and indica	ate change.)	03023	621
Address of Executive Offices 275 Midway Lane, O	(	treet, City, Sta	te, Zip Code)	Telephone Numb (865) 220		Area Code)
Address of Principal Business (if different from Executive C		treet, City, Sta	te, Zip Code)	Telephone Numb same	er (Including	Area Code)
Brief Description of Business				<u> </u>		
Research and devel	opment of thin film	lithium b	atteries.			
				8	8409	ζ
Type of Business Organization				<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>	
🖾 corporation	☐ limited partnership			other (please s	pecify):	, essel
☐ business trust	limited partnership	, to be formed	•		<b>bkc</b>	0003
		Month	Year		£ 111	N 18 2003
Actual or Estimated Date of	Incorporation or Organization	on: 0 8	8 6	K Actual 🗆 E	stimated	MSON
Jurisdiction of Incorporation	or Organization: (Enter two				te: CO	THOMSON FINANCIAL
GENERAL INSTRUCTION	onema viel period estre de la companie de la compa S	Primary as a surpression of a make		the of the common terminate graph was		
Federal	_					

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or. If received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Part A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrate. in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the examp tion, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION . Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

	r ☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Bates, John B.				
Business or Residence Address (Numbe	r and Street, City, State, 2	Zip Code)		
275 Midway Lane, Oak Ridge	. TN 37830			
Check Box(es) that Apply: 🔲 Promote	r 🔲 Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual Meriwether, Mark				
Business or Residence Address (Number 3046 Brighton Place, Salt	and the second of the second o			
Check Box(es) that Apply:   Promote	r 🛘 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first, if individual	)			
Business or Residence Address (Number	er and Street, City, State,	Zip Code)		
Check Box(es) that Apply:   Promote		☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first, if individual				
Business or Residence Address (Numb	er and Street, City, State,	Zip Code)		
		☐ Executive Officer	☐ Director	
Check Box(es) that Apply:   Promote	er   Beneficial Owner	E Executive Officer	_ D	☐ General and/or Managing Partne
Check Box(es) that Apply:  Promote Full Name (Last name first, if individua		Executive Officer		
Full Name (Last name first, if individua			2 2	
Full Name (Last name first, if individua	er and Street, City, State,		□ Director	
Full Name (Last name first, if individual Business or Residence Address (Numb	er and Street, City, State,  Beneficial Owner	Zip Code)		Managing Partne  ☐ General and/or
Full Name (Last name first, if individua  Business or Residence Address (Numb  Check Box(es) that Apply:   Promot  Full Name (Last name first, if individua	er and Street, City, State,  Beneficial Owner	Zip Code)  = Executive Officer		Managing Partne  ☐ General and/or
Full Name (Last name first, if individua  Business or Residence Address (Numb  Check Box(es) that Apply:   Promot  Full Name (Last name first, if individua	er and Street, City, State,  Beneficial Owner  Beneficial Owner  City, State,	Zip Code)  = Executive Officer		Managing Partne  ☐ General and/or
Full Name (Last name first, if individua  Business or Residence Address (Numb  Check Box(es) that Apply:  Promot  Full Name (Last name first, if individua  Business or Residence Address (Numb	er and Street, City, State,  Beneficial Owner  and Street, City, State,  Beneficial Owner	Zip Code)  Executive Officer  Zip Code)	☐ Director	Managing Partner  General and/or Managing Partner

				В. 1	NFORMA'	TION ABO	OUT OFF	ERING	i atu Tar		19.		
1. Has	the issuer s	old, or do	es the issu	ier intend	to sell, to	non-accre	dited inves	tors in this	offering?			Yes . □	No X
					n Append	*					•••••		20
2. What	t is the mir	nimum inv									, 	. s N	/ A
					•							Yes	No
3. Does	the offeri	ng permit	joint own	ership of a	single uni	t?							
sion ( to be list tl	r the inform or similar re listed is at he name of caler, you t	emuneration associate the broke	on for solice d person c or dealer	citation of or agent of r. If more	purchasers a broker ( than five (	in connect or dealer re 5) persons	ion with sa egistered w to be liste	ales of secu with the SE and are associated	rities in the	offering.	If a person	n i.	
Full Name	e (Last nan	ne first, if	individual	l)		<del></del>							
N/	/A ·					•	•						
	or Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	ode)				· · · · · · · · · · · · · · · · · · ·		
						•	,						
Name of	Associated	Broker or	Dealer							<del></del>			
States in 1	Which Pers	on Listed	Has Solic	ited or Int	ends to So	dicit Purch	nacers		<del></del>				
	"All State												States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[ HI ]		
[IL]	[ IN ]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[MO	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	(OK)	[OR]	[PA	
[RI]	[ SC ]	[SD]	[TN]	[TX]	[ UT ]	[ VT ]	[VA]	[WA]	{WV}	[WI]	[WY]	[PR	] ·
Full Nam	e (Last nar	ne first, if	individua	!)									
Business of	or Residence	e Address	(Number	and Stree	t, City, Sta	ite, Zip Co	ode)						
Name of	Associated	Broker or	Dealer						<u>-</u>				
States in	Which Per	son Listed	Has Solic	ited or In	tends to So	olicit Purcl	nasers				<del></del> -		
(Check	"All State	s'' or ched	ck individu	ial States)								□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[ CT ]	[DE]	[DC]	[FL]	[GA]	[HI]	[10	1
(IL)	[IN]	[ [A] [ [NV]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[MC	
[ MT ] [ RI ]	[NE] [SC]	[NV] [SD]	[NH] [NT]	- [ NJ ] - [ TX ]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[W.A.]	[ NO ] [ N' ]	[OR] [WY]	[ P.A [ P.F	
	ne (Last na				. ,						( + 1		
	(24)			••,									
Duringer	or Residen	na Addras	: (Numbar	and Street	ı Civi Sı	ara Zia C	ada)				<del></del>		
Dustitiess	or Residen	oc , addres:	iodinibri) e	and Stree	ι, σιο, σι	ate, Zip C	ode)						
- c		I. D t				<del></del>							
Name of	Associated	Broker o	r Dealer										
	Which Per												2
(Check	: "All State [AK]	ss" or che [AZ]	ekimdividi [AR]	ual States) [CA]	[CO]	[CT]	[ DE ]	[DC]			 [H]		
[IL]	[IN]	[ [AZ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[ FL ] [ MI ]	[GA] [MN]	[MS]	-	
[MT]	[NE]	[NV]	[NH]	[ [ [ ] ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]		
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	(VA)	[WA]	[WV]	(WH	[WYI		

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt ..... -0--0-\$3,500,000 81,275 ☐ Common ☐ Preferred Convertible Securities (including warrants) ....... -0--0-\_\_\_\_\_) ...... \$\_ Other (Specify \_\_\_ Total ...... \$ 3,500,000 81,275 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate . Number Dollar Amount Investors of Purchases 81,275 5 Accredited Investors -0--0-81,275 5 Total (for filings under Rule 504 only) ...... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Sold Type of offering Security -0--0--0--0--0--0-Rule 504 -0--0-4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 500.00 Transfer Agent's Fees..... 1,500.00 Printing and Engraving Costs.... 7,500.00 Legal Fees ...... -()-Accounting Fees ..... -0-Engineering Fees ..... $\Box$

Sales Commissions (specify finders' fees separately).....

Total

Other Expenses (identify) \_\_\_\_

-0-

-0-

9,500.00

	i .				
e Sali	C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES AND	USE	OF PROCEED	S
	b. Enter the difference between the aggregate of tion 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	o Part C - Ouestion 4.a. This difference	is the		<b>\$</b> 3,490,500
	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the amoestimate and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth	ount for any purpose is not known, furrate. The total of the payments listed mus	nish an t equal		
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	*******************************	. 🖾 s	350,000	数 <b>\$</b> 350,000
	Purchase of real estate		. 🗆 S		□ <b>\$</b>
	Purchase, rental or leasing and installation o	f machinery and equipment	. 🗆 S	· · · · · · · · · · · · · · · · · · ·	<b>⋈</b> \$ 1,960,500
	Construction or leasing of plant buildings an	nd facilities	. 🗆 s	<u> </u>	□ \$
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	ne assets or securities of another	. 🗆 S		□ \$
	Repayment of indebtedness				
	Working capital				
	Other (specify): IP & License				
	Business Developm	nent	_ . 🗆	<b>S</b>	数 <u>\$ 600,000</u>
	Column Totals		. 🖾 🤉	350,000	送 <b>s</b> 3,140,500
	Total Payments Listed (column totals added				490,500
		D. FEDERAL SIGNATURE			
fol	e issuer has duly caused this notice to be signed b owing signature constitutes an undertaking by the est of its staff, the information furnished by the	e issuer to furnish to the U.S. Securities	and Ex	change Commis	sion, upon written re-
Iss	uer (Print or Type)	Signature		Date	
0	ak Ridge Micro-Energy, Inc.	Mall of		4	16/03
Na	me of Signer (Print or Type) ark Meriwether	Title of Signer (Print or Type) President		<del></del>	

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. SIAIE SIGNATURE TAKE THE	No. of the second secon
	. Is any party described in 17 CFR 230.252(c), of such rule?		
	See A	appendix, Column 5, for state response.	en e
2.	. The undersigned issuer hereby undertakes to f Form D (17 CFR 239.500) at such times as re		ite in which this notice is filed, a notice on
3.	. The undersigned issuer hereby undertakes to fissuer to offerees.	furnish to the state administrators, upon wri	itten request, information furnished by the
4.	. The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the sta of this exemption has the burden of establish	ate in which this notice is filed and understa	nds that the issuer claiming the availability
	e issuer has read this notification and knows the dersigned duly authorized person.	e contents to be true and has duly caused the	nis notice to be signed on its behalf by the
Issu	uer (Print or Type)	Signature	Date
0	ak Ridge Micro-Energy, Inc.	fle but	(6/16/0)

Title (Print or Type)

President

## Instruction.

Name (Print or Type)

Mark Meriwether

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or proved signatures.

1	1 2	2	3	<u> </u>	APPENDIX 4						
•	Intend to non-a		Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL	•										
AK											
AZ											
AR											
CA											
СО											
CT											
DE											
DC							,				
FL						-					
GA											
HI											
ID											
1L											
IN					,						
IA											
KS											
KY											
LA											
ME							•				
MD											
MA											
MI											
MN											
MS						_					
МО						-			+		

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APPENDIX

1	2		3  Type of security	·	4					
	to non-a		and aggregate offering price offered in state		Type of investor and amount purchased in State				under State ULOE (if yes, attach explanation of waiver granted)	
	(Part B	-Item 1)	(Part C-Item1)	Number of	(Part C-Item 2) Number of   Number of			(Part E	-Item1)	
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
MT										
NE										
NV										
NH										
NJ										
NM										
NY								·		
NC							·			
ND								<u> </u>		
ОН										
ОК			***							
OR		X	\$18,775 Common	1	\$18,775	-0-	-0-		Х	
PA	<u> </u>							ļ		
RI	ļ	-	ļ	<del> </del>				<u> </u>		
SC	<b></b>	<del> </del>	<del> </del>			ļ				
SD	ļ	-						ļ	<del> </del>	
TN	ļ							<del> </del>		
TX	ļ		\$62,500							
UT		X	Common	4	\$62,500	-0-	-0-		X	
VT				-				-	-	
VA								<del>-</del>		
WA	<del>                                     </del>	-			-			<del> </del>	<del> </del>	
WV	-			<del> </del>				-		
WI		-					-	-		
WY	-	-								
PR			<u> </u>			1	<u> </u>			